

CITY OF DANIA BEACH

COMMUNITY DEVELOPMENT DEPARTMENT ZONING DIVISION

100 W Dania Beach Blvd. Dania Beach, FL 33004 TEL: 954-924-6805 / FAX: 954-922-2687

CERTIFICATE OF USE APPLICATION

There is a non-refundable \$30 fee for the processing of this application.

(Remit a check payable to the City of Dania Beach.)

Date of Application:		-	Folio #:
Name of Business:			Property Zoned:
D/B/A:			Business Tel:
Business Address:			Business Fax:
Building #: Bay/Suite #:			Emergency Tel:
Email :			Square Ft of Bay/Space:
Business Owner's Name:			Multi-Tenant Bldg: [] Yes [] No
Business Owner's Address:			Home Tel:
Business Owner's City/State/Zip:_		-	Alternate Tel:
CERTIFICATE OF USE APPLI	ED FOR (CHECK ONE):		
[] New Business	[] Change of Business N	Name	[] Change of Ownership
[] Adding or Changing of Use	[] Transfer Location (ex	kisting business	to new location)
PROPOSED USE (DETAILED	DESCRIPTION OF ACTI	VITIES):	
			HE USE IS ALLOWED BY THE ZONING IS CONTINUE TO BE APPLICABLE.
DISTRICT. ALL OTHER CITY OR	STATE REQUIREMENTS AND	REGULATION	
NOTE: Application must	STATE REQUIREMENTS AND	REGULATION	IS CONTINUE TO BE APPLICABLE.
NOTE: Application must	STATE REQUIREMENTS AND	REGULATION	r authorized corporate officer.
NOTE: Application must Signature Printed Name State of Florida:	STATE REQUIREMENTS AND	REGULATION	r authorized corporate officer. Title
NOTE: Application must Signature Printed Name State of Florida: County of Broward:	state requirements and	SS OWNER OF	r authorized corporate officer. Title
NOTE: Application must Signature Printed Name State of Florida: County of Broward: The foregoing instrument was ackn	t be signed by busines	ss owner of	r authorized corporate officer. Title Date
NOTE: Application must Signature Printed Name State of Florida: County of Broward: The foregoing instrument was acknowho is personally know to me or w	t be signed by busines	ss owner of	r authorized corporate officer. Title Date
NOTE: Application must Signature Printed Name State of Florida: County of Broward: The foregoing instrument was ackn who is personally know to me or w not) take an oath.	t be signed by busines	ss owner of	r authorized corporate officer. Title Date
NOTE: Application must Signature Printed Name State of Florida: County of Broward: The foregoing instrument was ackn who is personally know to me or w not) take an oath. NOTARY PUBLIC (SEAL) MY COMMISSION EXPIRES:	t be signed by busines	ss owner of	r authorized corporate officer. Title Date as identification, and who did (or did
NOTE: Application must Signature Printed Name State of Florida: County of Broward: The foregoing instrument was ackn who is personally know to me or w not) take an oath. NOTARY PUBLIC (SEAL) MY COMMISSION EXPIRES:	owledged before me this ho has produced CE USE ONLY: DO NOT C	SS OWNER OF	Title Date as identification, and who did (or did



CERTIFICATE OF USE

SUPPLEMENTAL APPLICATION

1.	CURRENT USE OF STRUCTURE
	A. Square Footage
2.	PROPOSED USE OF THE STRUCTURE*
	A. Square Footage
3.	SINGLE OR MULTI-TENANT BUILDING
	A. IF MULTI-TENANT: YOU MAY BE ASKED TO PROVIDE A LIST OF OTHER TENANTS IN THE PROPERTY , THEIR USES AND SQUARE FOOTAGE
4.	TOTAL NUMBER OF PARKING SPACES ON-SITE
	A. Total Spaces Required (Staff Only)
5.	IF VACANT, HOW LONG HAS IT BEEN VACANT?
6.	* VACANCY FOR GREATER THAN 6 MONTHS AND/OR A CHANGE OF USE MAY REQUIRE SITE PLAN APPROVAL PURSUANT TO ARTICLE 635 AND OR COMPLAINCE WITH VEHICULAR USE AREA LANDSCAPING PURSUANT TO ARTICLE 275 PRIOR TO ISSUANCE OF CERTIFICATE OF USE.
7.	ARE THERE ANY CODE VIOLATIONS?